

Professional Services Fee Schedule

CPT[®] Category II and III

Washington State Department of Labor & Industries
Professional Services Fee Schedule

CPT Category II and III
Effective August 1, 2003

CPT® CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			FOL UP	MODIFIERS									ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	PRE OP (-56)		INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
0001T	Endovas repr abdo ao aneurys	\$1,711.63	\$1,711.63	0	0%	0%	0%	0	0	0	0	0	0	F		
0002T	Endovas repr abdo ao aneurys	\$1,711.63	\$1,711.63	0	0%	0%	0%	0	0	0	0	0	0	F		
0003T	Cervicography	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	X		
0005T	Perc cath stent/brain cv art	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0	N		
0006T	Perc cath stent/brain cv art	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0	N		
0007T	Perc cath stent/brain cv art	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0	N		
0008T	Upper gi endoscopy w/suture	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0009T	Endometrial cryoablation	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	X		
0010T	Tb test, gamma interferon	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0012T	Osteochondral knee autograft	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0	N		
0013T	Osteochondral knee allograft	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0	N		
0014T	Meniscal transplant, knee	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0	N		
0016T	Thermotx choroid vasc lesion	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0	N		
0017T	Photocoagulat macular drusen	Not Covered	Not Covered	0	0%	0%	0%	0	0	1	0	0	0	X		
0018T	Transcranial magnetic stimul	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0019T	Extracorp shock wave tx, ms	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
0020T	Extracorp shock wave tx, ft	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	X		
0021T	Fetal oximetry, trnsvag/cerv	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0023T	Phenotype drug test, hiv 1	\$503.57	\$503.57	0	0%	0%	0%	0	0	0	0	0	0	F		
0024T	Transcath cardiac reduction	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	X		
0025T	Ultrasonic pachymetry	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0026T	Measure remnant lipoproteins	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	X		
0027T	Endoscopic epidural lysis	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0028T	Dexa body composition study	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	X		
0029T	Magnetic tx for incontinence	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0030T	Antiprothrombin antibody	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	X		
0031T	Speculoscopy	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	X		
0032T	Speculoscopy w/direct sample	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	X		
0033T	Endovasc taa repr incl subcl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0034T	Endovasc taa repr w/o subcl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0035T	Insert endovasc prosth, taa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0036T	Endovasc prosth, taa, add-on	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0037T	Artery transpose/endovas taa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0038T	Rad endovasc taa rpr w/cover	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0039T	Rad s/i, endovasc taa repair	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0040T	Rad s/i, endovasc taa prosth	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0041T	Detect ur infect agnt w/cpas	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		
0042T	Ct perfusion w/contrast, cbf	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	N		

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		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
0043T	Co expired gas analysis	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
0044T	Whole body photography	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
0045T	Whole body integumentary photo	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X	
0046T	Catheter lavage, single duct	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X	
0047T	Catheter lavage, each addl duct	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X	
0048T	Impl of ventricular assist device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N	
0049T	Ventricular assist device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N	
0050T	Ventricular assist device removal	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N	
0051T	Artificial heart implantation	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N	
0052T	Artificial heart repair thoracic unit	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N	
0053T	Artificial heart repair components	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N	